

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

APPLICANT(S)

FILING DATE

12765002

12/2/05 115106 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/		/	
2			/		/	
3			/		/	
4			/		/	
5			/		/	
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48						
49						
50						
TOTAL IND.			3		3	
TOTAL DEP.			19		19	
TOTAL CLAIMS			22		22	

	IND.	DEP.	IND.	DEP.	IND.	DEP.
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52						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

22